


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P19445 (6)					
1. Corporation Name BULK CHEMICALS, INC.					
Principal Place of Business OLD ROUTE 61 P.O. BOX 186 MOHRSVILLE PA 19541-0186			Mailing Address OLD ROUTE 61 P.O. BOX 186 MOHRSVILLE PA 19541-0186		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 OLD AIRPORT ROAD		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/31/1988	
Suite, Apt. #, etc. 22 RD 9-164		Suite, Apt. #, etc. 27		4. FEI Number 23-1922454	
City & State 23 READING PA		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 19605		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATORIS, PERCY A., III	1.2 NAME	SATORIS, PERCY A., III
STREET ADDRESS	P.O. BOX 186 N/A	1.3 STREET ADDRESS	P.O. BOX 186 N/A
CITY-ST-ZIP	MOHRSVILLE PA 19541	1.4 CITY-ST-ZIP	MOHRSVILLE PA 19541
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, BRIAN	2.2 NAME	
STREET ADDRESS	P.O. BOX 186 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOHRSVILLE PA 19541	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IKE, CHARLES	3.2 NAME	IKE, CHARLES R.
STREET ADDRESS	P.O. BOX 186 N/A	3.3 STREET ADDRESS	P.O. BOX 186 N/A
CITY-ST-ZIP	MOHRSVILLE PA 19541	3.4 CITY-ST-ZIP	MOHRSVILLE PA 19541
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **PERCY A. SATORIS III, PRESIDENT**

1/15/98

(610) 926-4128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0528851

CR2E034 (10/97)